



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE USA, INC.

NAIC Group Code

3383

1238

(Current)

(Prior)

NAIC Company Code

12326

Employer's ID Number

38-3240485

Organized under the Laws of

Michigan

, State of Domicile or Port of Entry

MI

Country of Domicile

United States of America

Licensed as business type:

Health Maintenance Organization

Is HMO Federally Qualified? Yes [☒] No [☐]

Incorporated/Organized

02/18/1994

Commenced Business

02/18/1994

Statutory Home Office

3011 W. GRAND BLVD., SUITE 1600

(Street and Number)

DETROIT, MI, US 48202

(City or Town, State, Country and Zip Code)

Main Administrative Office

3011 W. GRAND BLVD., SUITE 1600

(Street and Number)

DETROIT, MI, US 48202

(City or Town, State, Country and Zip Code)

313-871-7878

(Area Code) (Telephone Number)

Mail Address

3011 W. GRAND BLVD., SUITE 1600

(Street and Number or P.O. Box)

DETROIT, MI, US 48202

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

3011 W. GRAND BLVD., SUITE 1600

(Street and Number)

DETROIT, MI, US 48202

(City or Town, State, Country and Zip Code)

313-871-7878

(Area Code) (Telephone Number)

Internet Website Address

THCMI.COM

Statutory Statement Contact

SARA JANE MCGLYNN

(Name)

313-293-6466

(Area Code) (Telephone Number)

sara.mcglynn@priorityhealth.com

(E-mail Address)

313-748-1391

(FAX Number)

OFFICERS

CHAIRPERSON

PRAVEEN GOPE THADANI #

TREASURER

NICHOLAS PATRICK GATES #

SECRETARY

KIMBERLY LYNN THOMAS

OTHER

DIRECTORS OR TRUSTEES

PRAVEEN GOPE THADANI #

MICHAEL ADAM JASPERSON #

KIMBERLY LYNN THOMAS

KRISTA FELICIA POOLE

JOYCE CHAN RUSSELL #

NICHOLAS PATRICK GATES #

State of

Michigan

SS

County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

PRAVEEN GOPE THADANI

NICHOLAS PATRICK GATES

KIMBERLY LYNN THOMAS

PRESIDENT

TREASURER

SECRETARY

Subscribed and sworn to before me this

a. Is this an original filing? Yes [☒] No [☐]

day of

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	85,618	0	0	0	0	85,618
0299999. Total Claim Overpayment Receivables	85,618	0	0	0	0	85,618
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	85,618	0	0	0	0	85,618

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables					0	0
2. Claim overpayment receivables	599,682	11,476,540	0	85,618	599,682	783,837
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	599,682	11,476,540	0	85,618	599,682	783,837

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE USA, INC. 2. DETROIT, MI

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3383		Michigan		2021							NAIC Company Code	
		Comprehensive (Hospital & Medical)									12326	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	34,784	10,118	24,666	0	0	0	0	0	0	0	
2.	First Quarter	35,061	10,018	25,043								
3.	Second Quarter	34,703	9,893	24,810								
4.	Third Quarter	31,025	9,756	21,269								
5.	Current Year	25,181	8,987	16,194								
6.	Current Year Member Months	386,198	116,467	269,731								
Total Member Ambulatory Encounters for Year:												
7.	Physician	196,672	63,058	133,614								
8.	Non-Physician	113,919	33,563	80,356								
9.	Total	310,591	96,621	213,970	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	10,220	3,300	6,920								
11.	Number of Inpatient Admissions	2,158	632	1,526								
12.	Health Premiums Written (b)	145,831,950	46,409,364	99,422,586								
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	144,981,044	46,066,095	98,914,949								
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	135,023,242	38,362,466	96,660,776								
18.	Amount Incurred for Provision of Health Care Services	134,598,784	37,759,732	96,839,052								

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.MI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

TOTAL HEALTH CARE USA, INC.

2. DETROIT, MI

NAIC Group Code		3383		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2021		(LOCATION)		NAIC Company Code		12326					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
		2		3																	
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		34,784		10,118		24,666		0		0		0		0		0		0		0	
2. First Quarter		35,061		10,018		25,043		0		0		0		0		0		0		0	
3. Second Quarter		34,703		9,893		24,810		0		0		0		0		0		0		0	
4. Third Quarter		31,025		9,756		21,269		0		0		0		0		0		0		0	
5. Current Year		25,181		8,987		16,194		0		0		0		0		0		0		0	
6. Current Year Member Months		386,198		116,467		269,731		0		0		0		0		0		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician		196,672		63,058		133,614		0		0		0		0		0		0		0	
8. Non-Physician		113,919		33,563		80,356		0		0		0		0		0		0		0	
9. Total		310,591		96,621		213,970		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		10,220		3,300		6,920		0		0		0		0		0		0		0	
11. Number of Inpatient Admissions		2,158		632		1,526		0		0		0		0		0		0		0	
12. Health Premiums Written (b)		145,831,950		46,409,364		99,422,586		0		0		0		0		0		0		0	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned.....		144,981,044		46,066,095		98,914,949		0		0		0		0		0		0		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services.....		135,023,242		38,362,466		96,660,776		0		0		0		0		0		0		0	
18. Amount Incurred for Provision of Health Care Services		134,598,784		37,759,732		96,839,052		0		0		0		0		0		0		0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/I	CMM	343,269						
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/G	CMM	507,637						
0899999. General Account - Authorized U.S. Non-Affiliates							850,906	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							850,906	0	0	0	0	0	0
1199999. Total General Account Authorized							850,906	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							850,906	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							850,906	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							850,906	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	851	718	687	710	621
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	544	306	279	287	517
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		0	0	0	0
18. Funds deposited by and withheld from (F)		0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)		0	0	0	0
21. Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	55,343,179		55,343,179
2. Accident and health premiums due and unpaid (Line 15)	567,309		567,309
3. Amounts recoverable from reinsurers (Line 16.1)	543,861		543,861
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	86,305		86,305
6. Total assets (Line 28)	56,540,654	0	56,540,654
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,496,644		14,496,644
8. Accrued medical incentive pool and bonus payments (Line 2)	757,223		757,223
9. Premiums received in advance (Line 8)	660,934		660,934
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	9,173,391		9,173,391
15. Total liabilities (Line 24)	25,088,192	0	25,088,192
16. Total capital and surplus (Line 33)	31,452,462	XXX	31,452,462
17. Total liabilities, capital and surplus (Line 34)	56,540,654	0	56,540,654
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
3383	Priority Health	95561	38-2715520	0	0		Priority Health	MI	UDP	Spectrum Health System	Ownership	94.400	Spectrum Health System		1
				0	0					Munson HealthCare	Ownership	5.600			1
3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	95644	38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	MI	NIA	Priority Health	Board of Directors	0.000	Spectrum Health System		0
3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		38-2663747	0	0		Trinity Health Plans	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Big Rapids Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Reed City Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Pennock	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health United Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Kelsey Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Zeeland Community Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Medical Group	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0

Asterisk	Explanation
1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
10.		
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14.		
15.		
16.		
17.		
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22.		
23.		

Bar Codes:

10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE USA, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -
Parts 1 and 2 [Document Identifier 290]

